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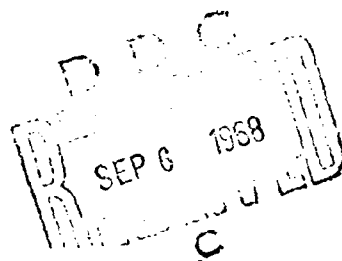
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A POSSIBLE NEW CAUSE OF NODULOUS ERYTHEMA:  
THE MALASSEZ AND VIGNAL BACILLUS  
"PASTEURILLA PSEUDOTUBERCULOSIS"

La Presse Medicale, Vol 70, No 42, Paris  
6 October 1962, page 1923.

Henri H. Mollaret

R. Morger [See Note] published the observation of a five year old girl who had been operated under a diagnosis of acute appendicitis in whom the operational discoveries and serological and anatomical-pathological examinations allowed the establishment of a diagnosis of mesenteric adenitis due to a Malassez and Vignal bacillus, type I. The temperature, which had returned to normal after the operation, rose to 39° on the fourth day, preceding by 24 hours the appearance of nodulous erythema. No sign of a tuberculosis infection was shown. Recovery came on the eighth day.

[Note]: R. Morger, On the "Appendicitis" Form of Pasteurella Pseudotuberculosis Infection in Children. Praxis, Vol 51, 1962, pp 142-144.

Five similar observations of nodulous erythema preceded by a Malassez and Vignal bacillus infection and serologically controlled allow this etiology to be added to the syndrome. Especially so when the nodules are preceded by a pain syndrome in the right iliac fossa which is of a pseudo-appendicitis type and symptomatic of acute mesenteric adenitis.

This case, the first published to our knowledge of nodulous erythema in the course of acute mesenteric adenitis caused by the Malassez and Vignal bacillus, leads us to here report the following almost similar observations.

The first two concern two children, a brother and sister, of whom the first was operated on under the supervision of Dr. P.L. Chigot.

Case I. Jean Claude Pen ..., 12 years old, complained of acute abdominal pains on 11 March 1961; his temperature was 38°. Upon his admission, a clearly defensive reaction was observed. On the same day, the operation discovered "a clear serosity, abundant at the opening of the peritoneum and a very congested retrocaecal and sub-serous appendix. The caecal wall is edematous and very red. The terminal little intestine is debilitated and full of fluid. In the ileo-caecal region there exists an enormous mesenteric ganglion mass composed of ganglions of unequal size immersed in peri-adenitis. One of the largest, the size of a plum, is spotted with micro-abscesses which can be seen clearly through the mesentery. Ganglionic hypertrophy extends to the root of the mesentery. There

is no sampling which could prove dangerous."

Forty-eight hours after the operation, there appears a nodulous erythema containing about ten characteristic elements at the level of the lower members.

Sero-agglutination of the Malassez and Vignal bacillus gives the following results: 17 and 29 March, + 1/500  $\pm$  1/1000 (type I); 11 April, + 1/1000 + 1/2000; 8 June, + 1/2000  $\pm$  1/500.

Intradermal reaction to the antigens of the Malassez and Vignal bacillus effected on 8 June is positive.

The tuberculinic cutaneous reaction is negative.

Following the operation, the child received pro die 1 g of streptomycin for twenty days and 2 million of penicillin for six days. The eruption disappeared after a week.

Case II. Marie France Pen ..., 10 years old, sister of the above, complained on 11 March 1961, therefore at the same time as her brother, of some vague abdominal pains which required no operation. The following day, there also appeared a nodulous erythema.

The count (20 March 1961) disclosed 4400 white globules of which 47% were polynuclear, 32% large lymphocytes, 8% small and medium lymphocytes, 4% eosinophiles, and 9% monocytes. The speed of sedimentation was 20, 44, and 101 mm after one, two, and twenty-four hours. The content of antistreptolysins on 23 March was 320 U./ml.

Sero-agglutination of the Malassez and Vignal bacillus was positive for type I at 1/200  $\pm$  1/500 on 29 March, at 1/500  $\pm$  1/1000 on 11 April, and at 1/50  $\pm$  1/100 on 8 June. Intradermal reaction to the antigens of the Malassez and Vignal bacillus was also positive on 8 June.

We will briefly report the following observation concerning six cases of infection by the Malassez and Vignal bacillus which occurred simultaneously in June 1961 in a boarding school and which will be published at a later date.

Case III. The child Georges Lam ..., 12 years old, showed progressive fatigue, pronounced loss of weight, alternation of diarrhea and constipation, and intense but brief crises of the right iliac fossa not lasting more than a few minutes, since the beginning of June. (An appendectomy had been performed a year previously.)

On 1 July there occurs an irregular pulse accompanied by chills. The temperature remains around 38° accompanied by intense sweating until 6 July, on which date voluminous and very painful bilateral cervical ganglions appear.

On 9 July a nodulous erythema composed of 7 or 8 elements appears at the level of the surface extension of the two legs. The temperature varies between 38.5° and 39.5°. The speed of sedimentation is not accelerated. A chest X-ray is normal. The child is put on penicillin and streptomycin. The nodules and the glandular disturbances disappear in a week and his general condition improves rapidly.

When we see this child on 29 August, he has already received 25 g of streptomycin and his condition is excellent. The intradermal reaction to the antigene of the Malassez and Vignal bacillus is remarkably positive, very hard, and accompanied by a red areola 5 cm in diameter which is pruriginous, spontaneously sensitive, and really painful when pressure is applied. The sero-diagnosis is positive only at 1/100 for type I, certainly a very reduced rate but one which maintains its validity because of the early origin of the sickness and, above all, because a second test proved negative on 6 September.

We owe the following observation to Prof. P. Ingelrans:

Case IV. Christian Mar ..., 9 years old, was hospitalized on 17 November 1961 at the Cite hospitaliere of Lille for moderate pains in the right abdomen, loss of appetite, and constipation. His temperature was 38.2°. There existed a provoked pain at MacBurney's point and a leucocytosis at 8900 having 66% neutrophiles, 28% lymphocytes, 3% eosinophiles, and 3% monocytes.

The operation performed the following day with the proposed diagnosis of mesenteric adenitis uncovers a slightly congested appendix and numerous ganglions. One of them is extracted and sent for examination to the Pasteur Institute of Lille where Dr. H. Beerens [see Note] isolates a Malassez and Vignal bacillus, type I.

[Note]: H. Beerens, B. Combemale, and F. Feuscart, A Case of Mesenteric Adenitis Caused by Pasteurella Pseudotuberculosis. Lille Chirurgical, 1961, Vol 16, No 6, pages 237-239.

Carried out a few days later, the intradermal reaction to the antigene of this same germ is decidedly positive.

About a week after the operation on this child, one of his six brothers shows a nodulous erythema. A tuberculinic cuti-reaction test performed on all the members of the family proved positive only on the one who had the operation and on one of his brothers but remained negative on the one who had the eruption.

If this last case is compared to our two first observations, one has grounds to suppose that this nodulous erythema which appeared on the brother of a child operated on for mesenteric adenitis due to the Malassez and Vignal bacillus was also caused by the same infectious agent.

Finally, we are indebted to Dr. J. Bouton and Dr. E.G. Hall of the Alder Hey Children's Hospital of Liverpool for this last observation:

Case V. A 14-year old girl, after having had irregular painful abdominal attacks over a period of three or four months, was hospitalized on 8 July 1961, in feverish condition accompanied by paleness, loss of appetite, nodulous erythema, and angina with voluminous cervical ganglions.

The intradermal tuberculinic reaction is negative. Within the first hour, the speed of sedimentation reaches 75, 34, 26, and 8 mm on 10, 17, and 24 July and on 7 September. On the same dates, sero-agglutination of the Malassez and Vignal bacillus, type I, is positive respectively at 1/280, 1/1280, 1/2560, and 1/640.

These observations are of such a nature as to stimulate one to test, in the presence of any nodulous erythema of questionable etiology, on the one hand for signs of infection by the Malassez and Vignal bacillus with the help of serology and intradermal reaction tests and, on the other hand, for the past existence of pain in the right iliac fossa, not only with the patient but also among those close to him.

[Pasteur Institute  
25, Rue du Docteur Roux, Paris 15<sup>e</sup>.]